

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: JAN K. CAERS, et al.	)	Examiner:
	)	
Serial No.: Pending	)	Group Art Unit:
	)	
Filed: Herewith	)	
	)	
For: DEVICE TO ASSIST HYPERHYDROSIS	)	Irvine, California
THERAPY	)	

21707 U.S. PTO  
10/621054  
07/15/03

**NON-PROVISIONAL PATENT APPLICATION TRANSMITTAL LETTER**


Mail Stop: Patent Application  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir/Madam:

Enclosed herewith are the following documents:

- (x) Transmittal Letter – 4 pgs
- (x) Specification (31 pages) 17 Claims (4 pages); Abstract (1 page)
- (x) Drawings (3 sheets)
- (x) Declaration/Power of Attorney
- ( ) Assignment with Recordation Cover Sheet
- ( ) Information Disclosure Statement with cited art
- (x) Return/postage paid Postcard
- (x) Express Mail Certificate No. EV295682214US

Dated: July 15, 2003


  
STEPHEN DONOVAN  
Registration No. 33,433

**CERTIFICATE OF EXPRESS MAIL UNDER 37 C.F.R. §1.10**

I hereby certify that the above-identified documents are being deposited with the United States Postal Service on **July 15, 2003** in an envelope as "Express Mail Post Office To Addressee" mailing label number EV295682214US with sufficient postage for Express Mail addressed to MS: Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Date: July 15, 2003

Susan Bartholomew  
Name of person mailing paper

  
Signature of person mailing paper

## NEW APPLICATION TRANSMITTAL FORM

To the Commissioner for Patents:

This is a Request for filing a NON-PROVISIONAL patent application under 37 CFR 1.53(b) entitled **DEVICE TO ASSIST HYPERHYDROSIS THERAPY** by the following named inventor:

<b>1</b>	Full Name of Inventor	Last Name: <b>CAERS</b>	First Name: <b>JAN</b>	Middle Name: <b>K.</b>	
	Residence and Citizenship	City: <b>2260 WESTERLO</b>	State or Foreign Country: <b>BELGIUM</b>	Country Of Citizenship:	
	Post Office Address	Post Office Address: <b>Lange Nieuwstraat 11</b>	City: <b>2260 Westerlo</b>	State or Country: <b>Belgium</b>	Zip Code:
<b>2</b>	Full Name of Inventor	Last Name: <b>DE BOULLE</b>	First Name: <b>KOENRAAD</b>	Middle Name:	
	Residence and Citizenship	City: <b>ERPEMERE</b>	State or Foreign Country: <b>BELGIUM</b>	Country Of Citizenship:	
	Post Office Address	Post Office Address: <b>Landries 11</b>	City: <b>Erpemere</b>	State or Country: <b>Belgium</b>	Zip Code:
<b>3</b>	Full Name of Inventor	Last Name:	First Name:	Middle Name:	
	Residence and Citizenship	City:	State or Foreign Country:	Country Of Citizenship:	
	Post Office Address	Post Office Address:	City:	State or Country:	Zip Code:

(X) The Commissioner is hereby authorized to use Deposit Account Number 01-0885 for the payment of any extension fees incurred during the prosecution of this application.

(X) Enclosed is a specification of 31 pages, 17 claims (4 pages) and an abstract (1 page).

## Oath or Declaration

( ) Enclosed is a fully executed oath or declaration.

(X) Enclosed is an unsigned oath or declaration.

(X) A self-addressed return postcard is enclosed for verification of receipt.

(X) The filing fee is calculated below:

FOR	NUMBER FILED	NUMBER EXTRA	RATE	FEE
Basic Fee (Large entity)			\$750.00	\$750.00
Total Claims	17 minus 20 =	-0-	\$18.00	\$ .00
Independent Claims	4 minus 3 =	-1-	\$84.00	\$84.00
If application contains any multiple dependent claims, then add			\$280.00	\$ .00
<b>TOTAL FILING FEE</b>				<b>\$834.00</b>

(X) The Commissioner is hereby authorized to charge the filing fee and excess claim fees (including multiple dependent claim fee) as stated above to Deposit Account No. 01-0885. If this amount is incorrect, or for payment of any other fees that may be incurred as a result of this communication please use said Deposit Account. A duplicate copy of this sheet is enclosed for that purpose.

( ) An Assignment with the Recordation Cover Sheet, bestowing all interest in this application to Allergan, Inc., is enclosed.

(X) New drawing(s) are enclosed 3 sheets.

( ) A Statement Pursuant to 37 CFR §1.821(f) and a labeled diskette containing the computer readable sequence listing is enclosed.

( ) A Statement Pursuant to 37 CFR §1.821(e), stating that the paper copy and the computer readable form are identical is filed herewith.

( ) A properly labeled computer readable form of the Sequence Listing accompanies this Application.

(X) The Power of Attorney in this application is to Stephen Donovan, Registration Number 33,433.

( ) The Power of Attorney appears in the Combined Declaration and Power of Attorney, filed herewith.


( ) A copy of the Request for Extension of Time filed in the prior application is enclosed.

Please address all future communications to:

STEPHEN DONOVAN  
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ALLERGAN, INC.  
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Irvine, CA 92612  
Tel: 714-246-4026 Fax: 714-246-4249

Respectfully submitted,

Date: July 15, 2003



Stephen Donovan  
Registration No. 33,433  
Attorney of Record